"The straining at stool, the evacuation of blood from the ulcerated lining of the rectum, and the retention of urine that may be mistaken for suppression, are all symptoms which are exhibited by the malignant dysentery that has raged for the last two years, and may lead to an incorrect diagnosis of the disease that I am alluding to; but there is one diagnostic character that, once observed, cannot be mistaken, and which clearly points out the nature of this complaint—I allude to a very peculiar sour smell from the body of the patient, like that exhaled from fermenting potato skins,—a substance used by weavers in the manufacture of coarse linens. Whenever this smell is recognized in cases exhibiting the other symptoms that I have described, an immediate examination of the rectum should be made, and mechanical means should be immediately employed to unload the gut, as any other plan of treatment would be perfectly useless.

"A similar species of obstruction was very common in the autumn of 1846 from the use of boiled wheat."

29. *On the Simultaneous Progress of Gout and Phthisis.*—Dr. GARROD read a paper to the Westminster Medical Society (Nov. 18, 1848) on the simultaneous progress of cases of gout and phthisis. He was induced to bring this subject before the notice of the Society, as in a paper on phthisis, communicated during the last session, it was asserted that a gouty condition of the system or blood was inimical to the development of tubercular disease, and it was suggested that, for the purpose of preventing or curing the latter affection, an attempt should be made to produce a gouty diathesis; and even the internal administration of urate of soda was hinted at. Dr. Garrod first spoke of some recent researches he had made on the subject of gout, which will appear in the volume of the *Transactions* of the Royal Medico-Chirurgical Society now in the course of publication, and described what he considered to constitute a gouty condition of blood, alluding to the presence of an excess of uric acid, before and during the paroxysm, in acute gout, and as an almost constant accompaniment in those forms of the disease where tophaceous or chalk-like deposits take place in different parts of the body. Dr. Garrod then stated, that if the gouty and tubercular diathesis were antagonistic, phthisis would never become developed in the inveterate forms of gout above alluded to. To prove, however, the fallacy of the idea, the following case was related:—A young man, aged twenty-eight, a native of London, whose father and grandmother had suffered from gout, applied for relief at University College Hospital, and was admitted, under the care of Dr. Williams. He was a painter by trade, and for some years he had been of very intemperate habits, but until the last few, had had plenty of food and clothing. From the age of seventeen, he had suffered from what he termed "rheumatism," (gout?) but had had an affection of the heart with it. Formerly, he was of full habit, but about three years since, began to lose both flesh and colour, although he did not feel particularly ill, and had no cough at the time. He was soon after seized with an attack of gout, both in his feet and hands, tophaceous deposits formed, and he was confined to his bed for twenty-eight weeks. About two months after his recovery, he was again attacked, and then had a severe cough, with expectoration of a greenish hue. The pectoral symptoms continued for about four months, the gouty two months longer. From this date until his admission into the hospital he was constantly suffering from chest affection and gout; hæmoptysis had occurred once, and deposits of urate of soda frequently came away from his joints. When admitted into the hospital he was pallid and emaciated; complained of pain in various joints arising from gouty inflammation; also of pain in his side, cough, and expectoration of a muco-purulent character. On physical examination, clear evidence was found of the existence of tubercular deposition in both lungs, especially the left, at the apex of which, a distinct cavity was indicated by the production of pectoriloquy and cavernous respiration; during the remaining month of his life, the gouty affection continued to progress, now appearing in one part, now in another, and occasionally with the discharge of urate of soda from some of the joints. The thoracic affection also continued to advance, accompanied with hectic symptoms, increase of cough, and sharp pain in different parts of the chest, until he fell into a state of stupor, and so continued for a day or so, when death took place. The post-mortem appearances fully proved the accuracy of the diagnosis. At the

apex of the right lung a cavity was found, large enough to contain a walnut, the rest of the lung being studded with scattered tubercles in different stages of development. The apex of the left lung was excavated to the depth of four or five inches, and the remaining portion was sprinkled throughout with gray tubercles. The heart was healthy; the liver had patches of soft tuberculous deposit on its surface; the kidneys were small, and many of the tubuli filled with a white matter, consisting of crystallized urate of soda and uric acid; spleen enlarged. Mucous membrane of the colon ulcerated in patches. An examination of the blood was also made, and it was found to contain a very large amount of uric acid, larger than Dr. Garrod had ever before obtained. Some remarks were then made on other cases, in which gout and phthisis existed together; the rarity of the combination being easily accounted for by the fact, that gout in general does not appear till after the age of forty, whereas tubercular disease is much more frequent before that period. It also appeared very doubtful to the author whether, granting the correctness of the hypothesis advanced in the paper alluded to, a gouty condition of blood could be induced by the internal administration of urate of soda.—*Lancet*, Dec. 2, 1848.

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30. *Influence of Physical Agents on Variola.*—M. Serres, in a memoir read to the French Institute, (25th September,) inquires, why the skin is the seat of election of the variolous pustule, while the mucous membranes are comparatively seldom affected? This he considers to be owing to the influence of the air on the development of the pustules, which are most largely developed on the face and hands, where there is the greatest exposure; and most scanty on the hairy scalp, the axilla, and about the genitals, where the parts are protected from the contact of the atmosphere either by the presence of hairs or by position. The influence of the air upon the production of the variolous pustules is further shown, by the circumstance, that when the mucous membranes are attacked, it is invariably those which are exposed to the contact of the air. Thus, in fifty cases in which the pharynx, epiglottis, and larynx were attacked by the pustules, he has uniformly found that these stopped short at the glottis, the œsophagus remaining quite sound. In the majority of instances, likewise, the conjunctiva, vagina, and rectum, are exempt from the affection, being in the normal state secluded from the contact of the atmosphere; but if these membranes are everted as in trichiasis, and in prolapsus of the uterus, and rectum, they are readily attacked by the pustules.

M. Serres considers, that these views as to the development of the pustules of variola, are borne out by experiments. Thus he finds, that, by covering the pustules with little cups of darkened glass, or enveloping them in honey, or in a layer of fatty matter, their progress is arrested; a result which he ascribes solely to the exclusion of the air.

The condition of the atmosphere (as might be expected from the above remarks) exercises a most important influence over the severity of small-pox. From an extended consideration of the epidemics of different countries, it is found that the disease reaches its maximum of intensity in a dry atmosphere; and that the dry heat of the south and dry cold of the north are equally unfavourable in relation to variola. This is particularly shown in the epidemics of Holland; and it was this circumstance which Sydenham had in view, when he said that a moderate temperature was especially favourable in variola.

In the Hospital of La Pitié, during the years 1817, 1818, and 1819, the variolous patients were treated in ill-ventilated, dark, and moist wards; there were few confluent cases. However, conceiving that these wards were insalubrious, M. Serres had the patients removed to wards in the fourth story, very dry, exposed to the south and north, warm in summer and very cold in winter. The result was unfavourable; the eruptions became more grave, and the mortality increased. Under these circumstances, the patients were again removed to the ground floor. Thus was illustrated, on the small scale, the same truth as springs from a consideration of the extended epidemics before mentioned.

If it be thus proved that moisture exerts an influence on the development and intensity of variola, it is not unlikely, according to M. Serres, that the same cause tends to impede the development and efficacy of the vaccine pustule. It